

**IDAHO COMMISSION FOR LIBRARIES
LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA)
FY2008 COMPETITIVE OR JUST IN TIME
GRANT APPLICATION - COVER SHEET**

Applicant: _____
 Address: _____ City: _____ Zip: _____
 Project Name: _____
 Contact Person/ Title: _____
 Phone & E-mail: _____

This application is for: ☐ **Planning a project** ☐ **Implementing a project**

Check the LSTA category under which you are applying (check only 1, 2, or 3):

☐ **#1, Library Technology, Connectivity, & Services**

- *Developing library services that provide all users access to information through local, state, regional, national and international electronic networks;*
- *Providing electronic and other linkages among and between all types of libraries;*

☐ **#2, Services for Lifelong Learning**

- *Expanding services for learning and access to information and educational resources in a variety of formats in all types of libraries for individuals of all ages;*
- *Developing public and private partnerships with other agencies and community-based organizations;*

☐ **#3, Services to Persons Having Difficulty Using Libraries**

- *Targeting library services to individuals of diverse geographic, cultural, and socioeconomic backgrounds, to individuals with disabilities, and to individuals with limited functional literacy or information skills;*
- *Targeting library and information services to persons having difficulty using a library and to underserved urban and rural communities, including children (from birth through age 17) from families with incomes below the poverty line;*

☐ I have discussed this project with the following Commission for Libraries consultant as required: Consultant Name: _____ Date: _____

Budget Summary: LSTA request: (max 75% of total) \$ _____
 *Local match (min. 25% of total): \$ _____
 Total Project: \$ _____

* Match requirement identified on project appendix.

SIGNATURE AND CERTIFICATION:

All participating libraries and other entities must sign this certification (use a separate sheet for multiple participants):

See page 18 of Guide for Appropriate Signatures.

We are aware of, and agree to comply with, the federally mandated assurances enumerated in the Civil Rights Certificate attached to this document. In addition, we assure that we will comply with all legal, program, and other administrative requirements approved in accordance with OMB Circulars A-21, A-87, A-102, A-110, A-122, and A-133 as applicable, and that we are in compliance with the Commission for Libraries' eligibility requirements for LSTA.

Appropriate Signature	Title	Date
Appropriate Signature	Title	Date

REQUIREMENTS FOR A COMPLETE COMPETITIVE OR JUST IN TIME GRANT APPLICATION:

Please use 12-point type for all application materials; Times Roman is preferred.

Submit 1 set of original documents with original signatures and 8 sets of copies.

Do not bind or cover. Staple all application materials together: the application Cover Sheet and one each of the items listed below.

Eligibility Checklist: *(Appendix A of this Guide) Send one signed Eligibility Checklist with original signatures for each participant or consortium.*

- If the application is being made by one library on behalf of a group of libraries; each participant must complete a **Cover Sheet** and the **Eligibility Checklist**.
- If a pre-qualified consortium is making the application, a **Cover Sheet** and the **Eligibility Checklist** must be completed for the consortium.

Application consists of:

- ☐ Eligibility Checklist for each appropriate library identified above
- ☐ Competitive or Just in Time Grant Application - Cover Sheet
- ☐ Application Narrative 1 - 6
- ☐ Proposed Project Budget
- ☐ Project Related Personnel Costs –
- ☐ Job Description(s) –
- ☐ LSTA Outcomes Logic Model *(The outcome logic model is not required. Refer to page 13 of the guide.)*
- ☐ Appropriate Appendix *(See your library consultant for guidance):*
 - ☐ Appendix B – General Requirement for All Projects *(Read and understand)*
 - ☐ Appendix C – Requirements for Just-In-Time Projects
 - ☐ Appendix D – Requirements for Consortium Planning Projects
 - ☐ Appendix E – Requirements for Networking and Resource Sharing Projects *(refer to page 75 for the appropriate application for this project)*
 - ☐ Appendix F – Requirements for District Assessment or Planning Projects
 - ☐ Appendix G – Requirements for Projects Creating, Expanding, or Consolidating Library Districts
- ☐ Vendor quote for equipment, software and/or services rendered.

(Refer to page 18 of this guide to assist you in identifying Appropriate Signatures.)

(If personnel expenses are part of the total project budget, the Project Related Personnel Costs form must be completed and accompanied by a job description for each position identified.)

Application Instructions:

- Answer each of the questions in the narrative portion of the application as clearly and completely as possible.
- Format your responses identifying the question number, letter, and reiterating the questions for ease of reading.
- Write your response with the assumption that the application reader knows nothing about your library or your project.
- For your convenience, this application form is provided in Word format on the ICFL website at <http://libraries.idaho.gov/forlibs-lsta#docs>.
- The completed application must be received by the Idaho Commission for Libraries by 5PM on the application due date for the Competitive Grant or 6 weeks prior to any scheduled implementation date of the program or project of application.
- Send the application, copies and all attachments to the attention of : **Grants Contracts Officer, Idaho Commission for Libraries, 325 West State Street, Boise, Idaho 83702-6072**

APPLICATION NARRATIVE

1. **NEED** *(Page 11 in the LSTA Guide)*

Provide a concise statement of need responding to the following questions:

- A. How and when did you determine that this project is needed in your community?
- B. Provide an estimate of the number and describe the population to be served by this project. What was your source for this information?
- C. Explain how this service will help the population overcome their disadvantage and/or satisfy their needs. You must show that these services are either not currently offered by the library or are offered in a limited way and would be enhanced by this project.
- D. Cite the objective and activity in your library's and participating libraries' strategic plan/s that support this project.

2. **PROJECT DESCRIPTION** *(Page 12 in the LSTA Guide)*

Provide a brief description of this project responding to the following questions:

- A. What are you planning to do?
- B. How do you plan to do it?
- C. Revisiting your statement in **1. NEEDS** above. What does the library hope this project will achieve for its users, or what difference will this project make for your target audience?

3. **REGIONAL/STATEWIDE IMPACT** *(Page 12 in the LSTA Guide)*

- A. How will this project effect other libraries and library development in your region and/or statewide on a long-term basis?
- B. Describe how this project is a direct step toward one of the Commission for Libraries goals for library development (see Table 1 on page 5)
- C. Which of Idaho's 2020 Vision focus areas listed on page 5 of the LSTA Guide does this project address and how?

4. **PLANNING AND SUSTAINABILITY** *(Page 12 in the LSTA Guide)*

A well planned project identifies the details necessary to achieve the desired result for the project. The sustainability of the project impacts the future of the services developed with the assistance of the grant. The need or ability to maintain the services is part of project planning.

- A. Briefly describe any planning for this project that has taken place. For consortia, describe what has been done to bring these libraries into the group.
- B. How will this project impact staff time and job responsibilities? Be specific i.e. who is doing the work for the project. (For libraries joining an existing network, how will joining the consortia impact staff time etc. For consortia, how will the libraries joining the consortia impact consortia staff time?)
- C. What is the annual estimate of the funds necessary for the library and each participating library to continue this project after the grant period has expired?
- D. State whether the project will be continued with local funds when the grant period has ended or describe the provisions for continuing the service. If the project will not be continued, explain why.

5. OBJECTIVES AND EVALUATION (Page 13 in the LSTA Guide)

- A. What are the objectives of this project that address the need identified in **1. Need** above?
- B. Under each objective, describe what you will evaluate (the evaluative criteria) and how you will evaluate it (the evaluation method or process). How will you know your activities are helping meet the project objectives and the need?

6. TIMELINE, ACTIVITIES AND BUDGET EXPLANATION (Page 13 in the LSTA Guide)

- A. List in calendar date order **ALL** the activities necessary to achieve the objectives identified in **5. OBJECTIVES AND EVALUATION** above. Be sure to include staff training when necessary.
- B. Provide an estimated cost for those activities when appropriate, both LSTA and Local. If equipment is being purchased, itemize by identifying the piece of equipment, how many you are purchasing, its purpose in the project, and the specific library if more than one library is involved.
- C. **It is mandatory to include promotional activities in the TIMELINE, ACTIVITIES AND BUDGET EXPLANATION to make users and the general public aware of the project.**

Example:

DATE	ACTIVITY	Objec- tive#	LSTA \$	LOCAL \$	TOTAL
4/4/2008	Purchase four (4) computers for Internet workstations. Hewlett Packard Vectra monitors (list the other hardware items that might be included) @ \$2,000 each. 2 – Saddle District Library 1 – Mountain Top School District 1 - Tower Library District		\$6,000	\$2,000	\$8,000
5 4/15/2008	Networking 4 Internet stations @ \$450 each 2 – Saddle District Library 1 – Mountain Top School District 1 – Tower Library District		\$1,535	\$ 265	\$1,800
05/10/2008	Presentation to the School Teachers to heighten their awareness of this project and the implications it has.		-0-	-0-	-0-
8/30/2008	Staff Training – 2 staff members @ \$125 per person Remainder of staff have already been trained			\$ 250	\$ 250
1/31/2009	PSA's over local radio station		650.00	217.00	867.00
3/30/2009	All LSTA and Local Match funds will be expended Total		\$8,185	\$2,732	\$10,917

Local \$2,732 ÷ Total Project Amount \$10,917 = Required 25% Match

PROPOSED PROJECT BUDGET

Applicant: _____

Project Name: _____

BUDGET CATEGORIES	LSTA GRANT FUNDS	LOCAL MATCH*	PROJECT TOTAL (A + B)
	A	B	C
Personnel**			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Library Materials			
TOTAL	\$	\$	\$

*Consult the Idaho Commission for Libraries FY 2008 LSTA GUIDE for local match percentages required. If you are having any trouble determining correct match amounts, please call your library consultant for assistance.

**If your budget includes personnel costs, provide a breakdown of the personnel and fringe benefits costs using the PROJECT RELATED PERSONNEL COSTS form provided on the next page.

PROJECT RELATED PERSONNEL COSTS

Length of project duration in weeks= _____ (A)

SALARIES

Position Title	(B) Total # of Hrs/wk. Usual & Customary for this position	(C) # of additional Hours/wk due to grant	(D) Total Hrs/wk. B + C (cannot exceed 40 hrs. / wk.)	(E) Hourly Rate usual & customary for each position	(F) Total Salary (B+CxAxE) *	(G) Added Salary due to grant (CxAxE) *	(H) LSTA Amt. (Additional Hrs. Only) (G) LSTA (75%)	(I) Local Match Amt. (Additional Hrs. Only) (G) Local (25%)
Total Salaries								

Fringe Benefits

Position	Unemployment Insurance on a % of Payroll Basis only .001 **	Worker's Comp Rate .0046	FICA Rate = .0765	Retirement Rate =	Health Insurance Rate =	Other Rate =	Total Benefits

* Enter Salary and Benefit totals on the Proposed Budget for LSTA and Local Match.

** Unemployment insurance must be paid on a percent of payroll basis. Unemployment paid on a cost basis will be the responsibility of the applicant.

Grant funds can be used to pay personnel costs for hours worked on a grant project over and above an employee's usual and customary working hours, up to a maximum of 40 hrs. per week or 1 FTE. If necessary, new employees can be hired at the salary usual and customary for the hired position description. Refer to **PERSONNEL COSTS** in this guide for more information. Salaries reported must be actual current salary levels.

List all project related positions funded by LSTA or matching funds. Report the number of increased hours projected per week, the number of weeks to be worked, hourly rate, gross salary and total benefits for each position. Attach a current job description for each position identified adding at the bottom of the description the changes that will occur for that position as a result of the grant, i.e. increased hours, what duties will be taken away or added etc.

LSTA OUTCOMES LOGIC MODEL

(Refer to page 13 in this guide for more information. Applicants are not required to evaluate using this method.)

Project Name: _____

Library: _____

Program Purpose: *(Keep this simple, just answer the question We do what, for whom, for what outcome or benefit.)*

			EVALUATION		
OUTCOMES <i>(A change in the target audience's skill, knowledge, attitude, behavior, status or life condition as a result of your project.)</i>	ACTIVITIES <i>(What activities must take place to achieve the identified outcome?)</i>	OUTPUTS <i>(What are some of the statistics the activity will generate?) Ex: # of participants, increase in circulation?</i>	INDICATORS <i>(When will you know if you have reached success?) Ex: # or % increase in participation. 15 or (15/20) 75% increase in participation.</i>	DATA SOURCE <i>(Where will the statistics come from to demonstrate success?)Ex: participant lists</i>	DATA INTERVAL <i>(How often will you evaluate the statistics?) Ex: monthly, semi-annual, annual.</i>